U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemer and Budget No. 1.215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	<u> </u>
For Official Use Only	
TOP CHICLE CON COLON	- 1
4922	ļ
( ~376x	- 1
(S. D. 100)	- 1
E SUBOR	ļ
- 5112	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25091	2. Flscal Year Covered From:
·	1/1/05 Through: 12/31/05
3. Name and address of person filling.	Name, file number, and address of labor organization.
Name	Name U.A. LOCAL 486
LARRY E. VINCK	Labor Organization File Number 52 6810
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 409 WEATHERBY ROAD	Street 7830 PHILADELPHIA ROAD
CITY BELAIR	CITY BALTIMORE
State MARY LAND ZIP Code + 4 21015	State MARYLAND ZIP Code + 4 21237
	\
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (Including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
in the second of	•
P.O. Box, Bldg., Room No., if any	
Street _	7.b. Amount.
City	
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the
Signed Sarry E. Henry	On 3/16/06 410 - 866 - 4380  Telephone Number
	oge i čereknou č knimar (***)
orm LM-30 (2003)	1 ,

File Number U-

13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
State ZIP Code ÷ 4	
City	
Street	
P.O. Box, Bldg., Room No., if any	
Trade Name, if any:	
Name	
(including trade name, if any).	